

---

## CONTENTS

No.	Page No.	Gazette No.
<b>GENERAL NOTICE</b>		
<b>Labour, Department of</b>		
<i>General Notice</i>		
855	Compensation for Occupational Injuries and Diseases Act (130/1993): Scale of fees for Orthotic and Prosthetic Services	3 30082

---

---

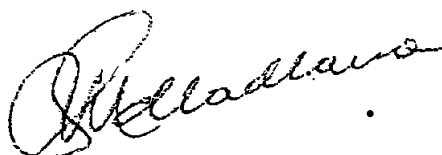
**GENERAL NOTICE**

---

**NOTICE 855 OF 2007**

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT,  
1993 (ACT NO. 130 OF 1993), as amended

1. I, Membathisi Mphurnzi Shepherd Mdladlana, Minister of Labour, hereby give notice that, after consultation with the Compensation Board and acting under the powers vested in me by Section 97 of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No 130 of 1993), I prescribe the Scale of "Fees for Medical Aid" payable under section 76, inclusive of the General Rules applicable thereto, appearing in the Schedule to this notice, with effect from 1 **April** 2007.
2. The fees appearing in the Schedule are applicable in respect of services rendered with retrospective effect as from 1 April 2007 and Exclude **VAT**.



**M M S MDLADLANA**  
**MINISTER OF LABOUR**

27/06/07

GENERAL INFORMATION /ALGEMENE INLIGTING.

(i) THE EMPLOYEE AND THE MEDICAL SERVICE PROVIDER.

The employee is permitted to choose freely his own service provider e.g. doctor, pharmacy, physiotherapist, hospital, etc. and no interference with this privilege is permitted as long as it is exercised reasonably and without prejudice to the employee himself or the Compensation Fund. The only exceptions to this rule are those cases where employers, with the Compensation Commissioner's approval, provide their own medical aid facilities in total, i.e. including hospital, nursing and other services-section 78 of the Act refers.

In terms of section 42 either the Compensation Commissioner or an employer may send the injured employee to another doctor chosen by him (Compensation Commissioner or employer) for a special examination and report. Special fees are payable for this service. This examination and report is usually done only by specialists.

In the event of a change of doctors attending a case, the first doctor in attendance will, except where the case is handed over to a specialist, be regarded as the principal. To avoid disputes, doctors should refrain from treating a case already under treatment without first discussing it with the first doctor. As a general rule, changes of doctor are not favoured, unless there are sufficient reasons therefore.

According to the National Health Act no 61 of 2003 : section 5, a health care provider may not refuse a person emergency medical treatment. Any provider should not however, ask the Compensation Commissioner to authorise such treatment before the claim has been admitted as falling within the scope of the COID Act. Pre authorisation for treatment is not applicable and no medical expenses will be considered or approved if liability for the claim against the Fund has not been accepted.

It should be remembered that an employee seeks medical advice at his own risk. If, therefore, an employee represents to his medical service provider that he is a Compensation for Occupational Injuries and Diseases Act case and yet fails to claim the benefits of the Act, leaving the Compensation Commissioner, or his employer, in ignorance of any possible grounds for a claim, the insurance fund concerned cannot accept any responsibility for any medical expenses incurred if the claim is not reported in the prescribed manner. The Compensation Commissioner can also have reason not to accept the claim lodged against the Fund. In such circumstances the employee would be in the same position as any other member of the public as regards payment of his medical expenses.

Please note that as from 1 January 2004 a certified copy of an employee's identity document will be required in order to register a claim with the Compensation Fund. If a copy of the identity document is not submitted the claim will not be registered but will be returned to you/the employer to attach a certified copy of the employee's identity document. Furthermore, all supporting documentation sent to this office must reflect the identity number as well. If it is not reflected, the documents will not be processed but will be returned to the sender to add the ID number.

The amounts published in the tariff for COIDA for medical services are calculated without VAT. The only exclusion is the "per diem" tariff for Private Hospitals, that includes VAT. The account for services rendered will be assessed and calculated without VAT. If VAT is applicable and a VAT registration number is indicated, it will be calculated and added to the payment without being rounded off. Also please note that there are VAT exempted codes in the private ambulance tariff structure.

(i) DIE WERKNEMER EN DIE MEDIESE DIENSVERSKAFFER

Die werknemer bet 'n vrye keuse van diensverskaffer by. Dokter, apteek, fisioterapeut, hospitaal ens. en geen inmenging met hierdie voorreg word toegelaat solank dit redelik en sonder nadeel vir die werknemer self of die Vergoedingsfonds uitgeoefen word nie. Die enigste uitsonderings op hierdie reël is in daardie gevalle waar die werkgewers met die goedkeuring van die Vergoedingskommissaris hul eie geneeskundige dienste in die geheel voorsien, d.i. insluitende hospitaal- verplegings- en ander dienste-artikel 78 van die Wet verwys.

Kragtens die bepalings van artikel 42 mag die Vergoedingskommissaris of die werkgewer na gelang van die geval, 'n beseerde werknemer na 'n ander geneesheer deur hom (Vergoedingskommissaris of werkgewer) aangewys, stuur vir 'n spesiale ondersoek en verslag. Spesiale gelde is betaalbaar vir hierdie dienste. Hierdie ondersoek word feitlik uitsluitlik deur spesialiste gedoen.

In die geval van verandering van geneesheer wat 'n geval behandel, sal die eerste geneesheer wat behandeling toegedien het, behalwe waar die geval aan 'n spesialis oorhandig is, as die lasgewer beskou word. Ten einde geskille te voorkom, moet geneesbere **hul** daarvan weerbou om 'n geval wat reeds onder behandeling is te behandel sonder om dit eers met die eerste geneesheer te bespreek. Oor die algemeen word veranderinge van geneesheer, tensy voldoende redes daarvoor bestaan, nie aangemoedig nie.

Volgens die Nasionale Gesondheidswet no 61 van 2003 : seksie 5, mag 'n gesondheidswerker of diensverskaffer nie weier om noodbehandeling te verskaf nie. Hy moet egter nie die Vergoedingskommissaris vra om sulke behandeling goed te keur alvorens aanspreeklikheid vir die eis kragtens die Wet aanvaar is nie. Vooraf goedkeuring vir behandeling is nie van toepassing nie en geen mediese onkoste sal oorweeg word as die eis teen die Fonds nie aanvaar is nie.

Dit moet in gedagte gehou word dat 'n werknemer geneeskundige behandeling op sy eie risiko soek. As 'n werknemer dus aan 'n geneesheer voorgee dat hy 'n geval is onder die Wet op Vergoeding vir Beroepsbeserings en Siektes en tog versuim om die voordele van die Wet te eis deur die Vergoedingskommissaris of sy werkgewer in die duister te laat van enige moontlike gronde vir 'n eis, kan die betrokke versekeringsfonds geen aanspreeklikheid aanvaar vir geneeskundige onkoste wat aangegaan is nie as die besering nie aangemeld is op die voorgeskrewe wyse nie. Die Vergoedingskommissaris kan ook rede he om nie die eis teen die Fonds te aanvaar nie. Onder sulke omstandighede sou die werknemer in dieselfde posisie verkeer as enige lid van die publiek wat betaling van sy geneeskundige onkoste betref.

Neem asseblief kennis dat 'n gesertifiseerde afskrif van van die werknemer se identiteits dokument benodig word vanaf 1 Januarie 2004 om 'n eis by die Vergoedingsfonds aan te meld. Indien 'n afskrif van die identiteitsdokument nie aangeheg is nie, sal die eis nie geregistreer word nie en die dokumente sal teruggestuur word aan die werkgewer/uself vir die aanheg van die dokument. Alle ander dokurnentasië wat aan die kantoor gestuur word moet die identiteitsnommer aangedui hê. Indien nie, aangedui nie, sal die dokurnentasië nie verwerk word nie, maar teruggestuur word vir die aanbring van die identiteitsnommer.

Die bedrae gepubliseer in die tarief vir COIDA is BTW uitgesluit. Die enigste uitsondering is die "per diem" tarief vir Privaat Hospitale, wat BTW insluit. Die rekening vir dienste gelewer word aangeslaan en bereken sonder BTW. Indien BTW van toepassing is en 'n BTW registrasie nommer aangedui is, word dit bereken en by die betalingsbedrag gevoeg sonder om afgerond te word. Neem asseblief ook kennis dat daar kodes in die privaat ambulans struktuur is waarop BTW nie betaalbaar is nie.

CLAIMS WITH THE COMPENSATION FUND ARE PROCESSED AS  
FOLLOWS.

*EISE TEENDIE VERGOEDINGSFONDS WORD HANTEER SOOS VOLG:*

1. Allocation of a claim number by the Fund, does not constitute that liability has been accepted, but that the injury on duty has been reported to the Compensation Commissioner. New claims are registered by the Commissioner and the employer is notified of the claim number allocated to the claim. Enquiries for claim numbers should be directed to the employer and not to the Commissioner. The employer will be able to give you the claim number for the patient as well as indicate whether the Compensation Commissioner accepted the claim as a COIDA case • *Nuwe eise word geopen deur die Kommissaris en die werkgewer word in kennis gestel van die eisnommer. Navrae vir eisnommers moet aan die werkgewer gerig word en nie aan die Kommissaris nie. Die werkgewer kan die eisnommer verskaf ook aandui of die Kommissaris die eis teen die Fonds aanvaar het of nie*
2. If the claim is accepted as a COIDA claim, reasonable medical expenses will be paid by the Compensation Commissioner. *As die eis teen die Fonds aanvaar word, word redelike mediese koste betaal deur die Vergoedings Kommissaris.*
3. If the claim is rejected (repudiated), services will not be paid by the Compensation Commissioner. The employer and the employee are informed of this decision. The injured employee will be liable for payment. • *As die eis teen die Fonds afgekeur word (gerepudieer), word dienste nie deur die Vergoedings Kommissaris betaal nie. Die betrokke partye word in kennis gestel van die besluit, ingesluit die diensverskaffers. Die beseerde werknemer is dan aanspreeklik vir die rekening.*
4. If no decision can be made due to inadequate/lack of information, the outstanding information is requested and upon receipt, the claim will again be adjudicated. Depending on the outcome, the accounts from the service provider, will be handled as set out in 2 and 3. Please note that there are claims for which a decision might never be made due to inadequate/lack of forthcoming information • *Indien geen besluit geneem kan word nie, weens 'n gebrek aan inligting, word die uitstaande inligting aangevra. Met ontvangs word die eis heroorweeg. Afhangende van die uitslag, word die rekening hanteer soos uiteengesit in nommer 1 en 2. Ongelukkig is daar eise waar 'n besluit nooit geneem kan word nie aangesien die uitstaande inligting nie verskaf word nie.*

### BILLING PROCEDURE. EIS PROSEDURE:

- I. The first account for services rendered to the injured employee (INCLUDING the First medical report) must be submitted to the employer who will collate all the documents (from other service providers etc.) and submit them to the Compensation Commissioner. *Die eerste rekening (INSLUITEND die Eerste mediese verslag) vir diens gelewer aan die beseerde werknemer, moet aan die werkgewer gestuur word, wat die eise (van ander diensverskafJers ens.) bymekaar sal sit en dit aanstuur na die Vergoedingskommissaris.*
2. Subsequent accounts must be submitted or posted to the closest Labour Centre. It is important that all requirements for the submission of accounts, including supporting information, are met. • Daaropvolgende rekeninge moet ingedien of gepos word na die naaste Arbeids kantoor. Dit is belangrik dat al die voorskrifte vir indien van rekeninge gevolg word, ingesluit die voorsien van stawende dokumentasie.
3. If accounts are still outstanding after 60 days following submission service providers should complete an enquiry form, W.CL 20, and submit it ONCE to the Labour Centre. All relevant details about the Labour Centres are available on the website [www.labour.gov.za](http://www.labour.gov.za) • Indien die rekening nog uitstaande is na 60 dae na indiening an ontvangserkenning deur die Vergoedingskommissaris, moet die diensverskafJer 'n navraag vorm, W.CL 20 voltooi en EENMALIG indien na die Kommissaris.
4. If the account is partially paid with no reason therefore indicated on the remittance advice, a duplicate account with the unpaid services clearly indicated must be submitted to the Labour Centre, accompanied by a WCI 20 form. (\*see website for example). All relevant details about the Labour Centres are available on the website [www.labour.gov.za](http://www.labour.gov.za) «Indien 'n rekening gedeeltelik hetaal is met geen rede voorsien op die betaaladvies nie, kan 'n duplikaatrekening met die kortbetaling duidelik aangedui, vergesel van 'n WCI20 vorm ingedien word (\*sien webblad vir voorbeeld van vorm).
5. Information NOT to be reflected on the account: Details of the employee's medical aid and the practice number of the referring practitioner. *Inligting wat NIE aangedui moet word op die rekening nie: Besonderhede van die werknemer se mediese fonds en die verwysende geneesheer se praktyknommer.*
6. Service provider should not generate • *Diensverskaffer moenie die volgende genereer:*
  - a. Multiple accounts for services rendered on the same date i.e. one account for medication and a second account for other services • *Meer as een rekening vir dienste gelewer op dieselfde datum, bv. Medikasie op een rekening en ander dienste op 'n tweede rekening.*
  - b. Accumulative accounts - submit a separate account for every month • *Aaneenlopenderekeninge: aparte rekeninge per maand word verkies.*
  - c. Accounts on the old documents (W.CL 4/5/5F) A \*New First Medical Report (W.CL 4) and ProgressiFinal Report (W.CL 5/5F) forms are available. The old forms combined; with the account (W.CLII), were replaced. Accounts on the old

**medical reports will not be entertained** • *Rekeninge op die ou voorgeskrewe dokumente van die Vergoedingskommissaris. 'n \*Nuwe Eerste mediese verslag (W.CL4) en Vordering/Finale verslag (WCL5) is beskikbaar. Die vorige vorms gekombineer met die rekening (WCL1) is vervang. Rekeninge op die ou vorms is nie aanvaarbaar nie.*

- \* **Examples of the new forms (W.CL 4/5/5F) are available on the website**  
**www.labour.gov.za •**
- \* *Voorbeelde van die nuwe vorms (W.CL 4/5/5F) is beskikbaar op die webblad*  
*www.labour.gov.za*



## COIDA POLICY DOCUMENT FOR ORTHOTIC AND PROSTHETIC SERVICES

### GUIDELINES:

#### A : ROLE OF THE COMPENSATION COMMISSIONER

##### 1. Interpretation of the tariffs (procedure to be followed with supply of artificial device).

- 1.1 The Compensation Commissioner will bear the reasonable cost for all reasonable artificial aid as part of active treatment provided that liability has been accepted by the Commissioner and treatment was prescribed by a medical practitioner.
- 1.2 The Commissioner has the right to investigate any complaints lodged concerning the professional conduct of a service provider and, where necessary, to take steps against any practitioner who is found to have acted unprofessionally, whether by over-servicing, over-charging, rendering poor quality of service, goods or workmanship, or for any other reason.
- 1.3 The Commissioner will consider requests only if it will enable the employee to stay or return to the Labour market and therefore reduce disablement.

##### 2. Prosthesis or artificial devices

- 2.1 No special authorization is required whilst the employee is under active medical treatment approved by the Commissioner.
- 2.2 Proposed *aIP* services to new patients or of new equipment must be accompanied by a report and referred by health care provider indicating the functional level and work environmental circumstances of the patient.
- 2.3 One suitable (reasonable) prosthesis per employee.
- 2.4 The second prosthesis will be provided if the employment necessitates it and with motivation attached and confirmed by the employer. Evaluation will be done by the compensation fund to check as to how much is the prosthesis assisting the employee to perform his duties.
- 2.5 The employee must always consult a medical practitioner to support request for refits and medical report must be supplied.
- 2.6 IN case of a first leg prosthesis, one pair of standards crutches may supplement the prosthesis and when replacement is needed evaluation will be done.

##### 3. Refit of prosthesis

Categorized as only change of the socket on a prosthesis.

- 3.1 The first prosthesis will be refitted only within a *period* of a year and subsequent refits will be evaluated by the Compensation Fund.

3.2 The Commissioner will pay for a refit with proof of stump volume changes in centimetres from a medical practitioner

#### 4. Repair of prosthesis

4.1 Repairs to prosthesis are considered to be replacement or repair of damaged /worn out parts and prosthetic covers to maintain good functional condition

4.2 The Commissioner will bear the tariff cost of repairs to or replacement of a prosthesis, which has suffered from fair, wear and tear

#### 5. Replacement of a prosthesis

5.1 Prosthesis should last for a minimum of five years. Replacement of a new prosthesis due to normal wear and tear will be considered on application with motivation from the employee after five years

#### 6. Cosmetic prosthesis

6.1 The Commissioner will only pay for the prosthesis that is functional in nature in order to assist the employee to perform his duties

#### 7. Suitable Wheelchairs

7.1 Any wheelchair application should be covered by occupational therapist assessment report

7.2 Normal wheelchair warranty is five years

7.3 Replacement of wheelchair will be considered if accompanied with necessary motivation

7.4 Repairs during the five years will be considered by the commissioner if deemed reasonable

7.5 The hire of a wheelchair is applicable if the use of the wheelchair will not be permanent. A maximum of four months is considered reasonable and if exceed, full motivation must be supplied by the occupational therapist. Cost for hire of wheelchair may never exceed purchase price. See tariff guide for applicable fees

#### 8. Calipers

8.1 A doctor's prescription must accompany the account/request. A medical report describing the employee's condition may be required by the Commissioner indicating how often the callipers will be used.

8.2 If the callipers are supplied with a wheelchair to an employee, replacement of the callipers will be considered with replacement of the wheelchair if needed.

#### 9. New patients/First Prosthesis

9.1 It is the patient's right to select the practitioner to render services. (must look at this point again to possibly include restrictions about closest orthotist and "marketing" problems.)

9.2 Services rendered must be consistent with the patient's functional and work environmental circumstances

B. ROLE OF THE EMPLOYEE

1. Permission for refit, repairs and replacement:

The employee must request personally in writing with full particulars i.e.

- (a) Claim number or pension number and identity number.
  - (b) Postal and residential addresses and telephone number (if available).
  - (c) Name and address of the present employer and telephone numbers.
  - (d) He/she must motivate requirements which can be supported by an orthotist and must be supported by medical opinion in the case of a refit.
  - (e) The Commissioner will in writing convey a decision to the employee and the service provider. If approved the employee can approach the orthotist to proceed with the rendering of the services approved by the Commissioner.
  - (f) After the artificial appliance has been delivered, the employee must confirm whether he/she received the correct equipment and it is in good working condition.
  - (g) Current address and telephone number must be reflected in the statement if no telephone numbers a contact number is essential.
  - (h) The employee must always sign for the services rendered.
2. Some parts of the prosthesis (straps, socks, suspension sleeves ect) are Degenerative by nature and will perish or become consumed through usage.

Guidelines for replacement of these items are:

- a) silicone suspension sleeves - two sleeves every three years
- b) Gel liners- two sleeves every eighteen months.
- c) Straps and belts (including for calipers)- Eighteen months
- d) Stump socks -if worn with silicon or gel liners ,six every year  
-if worn with conventional prosthesis, twelve per year.
- e) Stump sheath - if worn with silicone or gel liners, six every year.  
-if worn with conventional prosthesis, twelve per year.
- f) Cosmetic stockings-one pair per year.
- g) Replacement of cosmetic cover -two in one year due to Some refits.
- H) Callipers -3 years (normal wear and tear) full motivation needed with request for replacement.
- i) One of each accessories can be issued only for new Prosthesis.

C. ROLE OF SERVICE PROVIDER

1. The provider must always make sure that all the necessary documents are attached when sending a quote.
2. The provider must train the employee on basic care and maintenance of the prosthesis.

#### D. FUNCTIONAL LEVELS

The employee must be graded as follows:

A determination of the medical necessity for certain components/additions to the prosthesis is based on the patient's potential functional abilities. Potential functional ability is based on the reasonable expectations of the prosthetics and ordering physician, considering factors including but not limited to the patient's:

- (a) Past history (including prior prosthetic use if applicable);
- (b) Current condition including the status of the residual limb and the nature of other medical problems;
- (c) Employment status and;
- (d) Desire to ambulate.

A functional level is a measurement of the capacity and potential of the patient to accomplish his/her expected post-rehabilitation, daily function. The functional classification is used to establish the medical necessity only of prosthetic knees, feet, ankles, sockets and suspension systems.

Clinical assessment of patient rehabilitation potential should be based on the following classification levels:

Level 0: Does not have the ability or potential to ambulate or transfer safely with or without assistance and prosthesis does not enhance - their 'quality' of life or mobility.

No prosthesis is recommended for amputees in this category.

Level 1: Has the ability or potential to use prosthesis for transfers or ambulation on level surfaces at fixed cadence. Typical of the limited and unlimited household ambulator.

CATEGORY 1 components are recommended prosthetics **at** this level. Amputees typically require significant STANCE PHASE **security** and minimal SWING PHASE control.

Level 2: Has the ability or potential for ambulation with the ability to traverse low-level environmental barriers such as curbs, stairs or uneven surfaces. Typical of the limited community ambulator.

CATEGORY II components are recommended prosthetics at this level. Amputees typically require moderate STANCE PHASE security and moderate SWING PHASE control.

Level 3: Has the ability or potential for ambulation with variable cadence. Typical of the community ambulatory that has the ability to traverse most environmental barriers and may have vocational,

therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion.

CATEGORY III components are recommended prosthetics at this level. Amputees typically require minimal STANCE PHASE security and maximum SWING PHASE control.

Level 4: Has the ability or potential for prosthetic ambulation that exceeds **basic** ambulation skills, exhibiting high impact, stress or energy levels. Daily activities include rigorous and repeated actions of high impact or stress such as lifting, jumping, climbing and walking long distances. Typical of the prosthetic demands of the active adult. Unless otherwise accepted by the Commissioner, amputees in this category must be employed. This will be considered in exceptional cases with the active participation of the employer.

In addition to CATEGORY III components, these patients require components that will stand up to daily, repeated, high load and stress levels. Amputees typically require minimal STANCE PHASE security and maximum SWING PHASE control.

If the employment status and activity levels of the amputee changes before a new prosthesis is due, the amputee may request the Commissioner for a new prosthesis which is more suitable to his/her employment conditions. .

The records should document the patient's current functional capabilities and his/her expected functional potential, including an explanation for the difference, if that is the case.

**COIDA  
ASSESSMENT FOR PROSTHESIS: NEW UPPER LIMB/LOWER LIMB  
OR REFIT OF EXISTING PROSTHESIS**

**SECTION 1**

CLAIM NUMBER ;

-

**1. EMPLOYEE'S DETAILS: (ALL these fields are COMPULSORY)**

Surname:	ID number:
First names :	
Postal address:	
Home phone number:	Work phone number:
Date of accident:	
Date of birth:	Age of employee:
Height of employee:	Weight of employee:
Stump measurement in centimetres:	

**2. EMPLOYER'S DETAILS: (ALL these fields are COMPULSORY)**

Employer at the time of accident:
Job description at time of accident:
Current employer* : (if not employed, kindly indicate so)
Current job description:

\*If employee is currently employed, please include letter with confirmation of employment from the employer.

**3. DESCRIBE ACTIONS OF MOBILITY WHILE AT WORK THAT MY BE AFFECTED BY THE TYPE OF PROSTHESIS FITTED:**

--

**4. HOW OFTEN AND FOR WHAT TIME PERIOD DOES THE PATIENT WEAR THE PROSTHESIS?**

**HOW OFTEN: (tick box below)**

Everyday	<input type="checkbox"/>
Occasionally	<input type="checkbox"/>
Seldom	<input type="checkbox"/>

**WHAT PERIOD: (tick box below)**

All day	<input type="checkbox"/>
Most part of the day	<input type="checkbox"/>
Less than half a day	<input type="checkbox"/>



7. REMARKS BY ORTHOTIST/PROSTHETIST :

8. NEW PROsthESIS RECOMMENDED

Amputation level; \_\_\_\_\_

Prosthetic category (applicable for lower limb); \_\_\_\_\_

Date when previous prosthesis was received: \_\_\_\_\_

Prosthesis was supplied by: \_\_\_\_\_

**SECTION 2 : APPLICABLE TO REFIT OF PROsthESIS ONLY**

9. PROsthESISrrYPE OF REFIT RECOMMENDED

Amputation level: \_\_\_\_\_

Prosthetic category (lower limbs): \_\_\_\_\_

Date when prosthesis now due for refit was received; \_\_\_\_\_

Prosthesis was supplied by; \_\_\_\_\_

10. MOTIYATION FOR REFIT (COMPULSORY):

PLEASE CONSULT COIDA POLICY DOCUMENT FOR GUIDELINE  
(Stump volume changes etc. must be mentioned)





**COIDA CONFIRMATION OF RECEIPT:  
ARTIFICIAL LIMB AND/OR ACCESSORIES**

CLAIM NUMBER : \_\_\_\_\_

1. Confirmation of Manufacture/supply by Orthotist:

This serves to confirm that I have manufactured and supplied the following for the above-mentioned employee as per approval from the Office of the Compensation Commissioner dated \_\_\_\_\_

Service Provider  
(name in full) \_\_\_\_\_

Practice Number \_\_\_\_\_

Signature \_\_\_\_\_

Date supplied \_\_\_\_\_

2. \* Confirmation of receipt by employee:

I confirm that I have received the correct prosthesis and/or accessories and I am satisfied that it is good working condition.

I also confirm that the account reflects the correct items supplied to me, to the value of R \_\_\_\_\_

• If employee is unable to sign below, next of kin may acknowledge receipt on his/her behalf, or an affidavit must be attached.

Employee (full names) \_\_\_\_\_

Identity number \_\_\_\_\_

CC Pension Number \_\_\_\_\_

Postal address: \_\_\_\_\_

Home address: \_\_\_\_\_

Telephone number \_\_\_\_\_

Full name of person  
acknowledging receipt \_\_\_\_\_

Signature of employee  
(next of kin or affidavit) \_\_\_\_\_

Date received \_\_\_\_\_

Name of Current  
employer \_\_\_\_\_

Address of employer: \_\_\_\_\_

Telephone number of  
employer \_\_\_\_\_

***THIS FORM MUST BE SUBMITTED WITH QUOTATION,  
COIDA APPROVAL AND ACCOUNT FOR PAYMENT***

## COIDA Guide to Fees for Prosthetic and Orthotic Services from 1 April 2007

## ORTHOTICS

# = INDICATE ITEMS WHICH REQUIRE SPECIAL MOTIVATION BY COID

S = ITEM SUPPLIED WITHOUT FITTING

SF = ITEM SUPPLIED AND FITTED TO PATIENT

CF = ITEM CUSTOM (MODIFIED, ALTERED, CONTOURED) FITTED TO PATIENT

CM = ITEM IS CUSTOM MANUFACTURED TO PATIENT MEASUREMENTS

Note: Fee for fitting, fabricating, modifying and altering is included in tariff fee

<u>Item</u>	<u>Code</u>	<u>Description</u>	<u>COID 2007</u>
AFO		ANKLE FOOT ORTHOSIS	
AF0010	A10010	S Ankle brace - elastic	ea 151,00
AF0012	A10012	CM Ankle brace - moulded with lacing	ea 1849,00
AF0020	A10020	CM Ankle brace - moulded plastic	ea 1849,00
AF0021	A10021	CM Ankle brace - lace up	ea 929,00
AF0030	A10030	S Ankle brace - neoprene	ea 174,00
AF0031	A10031	S Ankle brace - neoprene with splint(corrective)	ea 959,00
AFO040	A10040	S Ankle brace - pneumatic	ea 728,00
AF0050	A10050	CM Ankle foot orthosis - leg rotation control - resting splint	ea 1908,00
AF0060	A10060	CM Ankle foot orthosis - plantar flexion control - resting splint	ea 1908,00
AF0070	A10070	CM Ankle foot orthosis - moulded - with lapped joint	ea 2368,00
AF0080	A10080	CM Ankle foot orthosis - moulded - with system joint	ea 4975,00
AF0090	A10090	CM Ankle foot orthosis - USMC spring loaded with socket	ea 3997,00
AF0100	A10100	CM Below knee DOUBLE caliper	ea 1067,00
AF0110	A10110	CM Below knee DOUBLE caliper, socket and T-strap	ea 1505,00
AF0120	A10120	CM Below knee SINGLE caliper	ea 1067,00
AF0130	A10130	CM Below knee SINGLE caliper, socket and T-strap	ea 1615,00
AF0140	A10140	S Calf sleeve neoprene	ea 280,00
AF0190	A10190	CM Dropfoot splint - O'Gorman	ea 1266,00
AF0200	A10200	CM Dropfoot splint - plastic custom made	ea 1965,00
AF0220	A10220	CF Dropfoot splint - plastic local	ea 1162,00
AF0230	A10230	CM Fracture brace BK leather	ea 3062,00
AF0240	A10240	CM Fracture brace BK plastic	ea 2832,00
AF0250	A10250	CF Fracture brace - BK pneumatic waiker	ea 2272,00
AF0251	A10251	CF Fracture brace - BK pneumatic/foam walker	ea 1293,00
AF0260	A10260	CM Heel socket round	ea 663,00
AF0270	A10270	CM Heel socket square	ea 677,00
AF0271	A10271	CF Heel socket - USMC - to shoe	ea 890,00
AF0280	A10280	CM Heel socket with back-stop	ea 691,00
AF0300	A10300	CM T-strap	ea 461,00
FO		FOOT ORTHOTICS	
FO010	A11010	S Accomodative heel (spur) pad	pr 122,00
F0020	A11020	CM Arch support - metatarsal insole	pr 438,00
F0030	A11030	CM Arch support - moulded 3/4 length (plaster cast)	pr 1089,00
F0031	A11031	CM Arch support - moulded 3/4 length (foam cast)	pr 1067,00
F0040	A11040	CM Arch support - valgus insole	pr 438,00
F0050	A11050	CM Arch support - valgus and metatarsal insole	pr 487,00
F0053	A11053	S Arch support silicone (Ipocon or similar)	pr 609,00
F0060	A11060	CM Arch supports - moulded full length (cast)	pr 1348,00
F0061	A11061	CM Arch supports - moulded full length (foam)	pr 1327,00
F0070	A11070	CF Arch supports covering - Spenco, PPT or similar	pr 311,00
F0110	A11110	SF Heel seats	pr 528,00

<u>Item</u>	<u>Code</u>		<u>Description</u>		<u>COID 2007</u>
F0111	A11111	CM	Heel seats - custom made	pr	1558.00
F0120	A11120	SF	Insoles (shock absorbing) Sorbothane	pr	281.00
F0130	A11130	CF	Metatarsal pads stuck in	pr	71.00
F0031	A11131	CM	Orthotic - modify existing innersole of sports shoe	pr	695.00
F0140	A11140	CM	Orthotics U.S.C.L	pr	1398.00
F0145	A11145	SF	Toe alignment splint	ea	350.00
F0146	A11146	S	Toe abduction splint post-op	ea	397.00
F0150	A11150	CF	Valgus pad stuck in	pr	161.00
<b>FW</b>			<b>FOOTWEAR</b>		
F0500	A11500	SF	Boots DERBY adults	pr	1049.00
F0520	A11520	SF	Boots LFR adults	pr	1049.00
F0600	A11600	SF	Orthopaedic footwear- extra depth shoes	pr	3675.00
F0620	A11620	S	Sandie POP	ea	129.00
F0630	A11630	S	Sandie post-op (B+J)	ea,	266.00
F0631	A11631	S	Sandie post-op (B+J health sandal)	pr	216.00
F0632	A11632	S	Sandie post-op (B+J Comfy Casual)	pr	148.00
F0635	A11635	S	Sandie post-op (Arco Pedico)	pr	487.00
F0640	A11640	S	Shoes adult mens lace-up	pr	431.00
F0670	A11670	CM	Surgical boots made to measure	pr	5997.00
F0680	A11680	CM	Surgical shoes made to measure	pr	5707.00
F0685	A11690	CM	Fleace lining for boots	ea	881.00
<b>FM</b>			<b>FOOTWEAR MODIFICATIONS</b>		
FM010	A12010	CM	C & E Heels	pr	230.00
FM020	A12020	CM	Excavate heels	pr	202.00
FM030	A12030	CM	Flared heels	ea	286.00
FM040	A12040	CM	Metatarsal bars	pr	230.00
FM050	A12050	CM	Raise heel 1 cm and sole to balance	ea	320.00
FM060	A12060	CM	Raise heel 2 cm and sole to balance	ea	348.00
FM070	A12070	CM	Raise heel 3 cm and sole to balance	ea	432.00
FM080	A12080	CM	Raise heel 4 cm and sole to balance	ea	461.00
FM090	A12090	CM	Raise heel 5 em and sole to balance	ea	494.00
FH100	A12100	CM	Raised heel insert 1 - 2 em	ea	11700
FM110	A12110	CM	Raised heel insert up to 1 em	ea	117.00
FM120	A12120	CM	Raised heel insert - moulded to foot	ea	348.00
FM130	A12130	CM	Raise heel up to 1 em	ea	148.00
FM140	A12140	CM	Raise heel up to 2 em	ea	174.00
FM150	A12150	CM	Raise heel up to 3 em	ea	231.00
FM160	A12160	CM	Raise heel up to 4 em	ea	261.00
FM170	A12170	CM	Raise heel up to 5 em	ea	293.00
FM180	A12180	CM	Raise shoe by adjustment	ea	202.00
FM190	A12190	CM	Raise shoe - Cork - up to 2.5 em	ea	982.00
FM200	A12200	CM	Raise shoe - Cork - 2.5 to 5 em	ea	1213.00
FM210	A12210	CM	Raise shoe - Cork - 5 to 10 em	ea	1445.00
FM220	A12220	CM	Raise shoe - Pattern	ea	1109.00
FM230	A12230	CM	Rocker sole	ea	376.00
FM240	A12240	CM	Stretch shoes	pr	85.00
FM250	A12250	CM	Thomas's Heels	pr	230.00
FM270	A12270	CM	Wedged heel	pr	230.00
FM280	A12280	CM	Wedged heel and sole	pr	348.00
FM290	A12290	CM	Wedged sole	pr	230.00
FM300	A12300	CM	Toe cap steel	pr	375.00
FM310	A12310	CM	Toe cap moulded plastic	pr	230.00

<u>Item</u>	<u>Code</u>		<u>Description</u>		<u>COID 2007</u>
<b>KO</b>					
<b>KNEE ORTHOTICS</b>					
K0010	A13010	CM	Knee brace - custom moulded with polycentric joints	ea	6355.00
K0011	A13011	CM	Knee brace - custom moulded with locking joints	ea	8105.00
K0013	A13013	CM	Knee brace - custom moulded with overlapping joints	ea	6791.00
K0020	A13020	CF	Knee brace - neoprene with hinges local	ea	733.00
K0030	A13030	SF	Knee brace - Osgood Schlatter	ea	488.00
K0040	A13040	SF	Knee brace - Patella stabilizer	ea	4BB.00
K0041	A13041	SF	Knee brace - Patella stabilizer - anterior opening	ea	1049.00
K0043	A13043	SF	Knee brace - Patella brace 210 P-I	ea	553.00
K0050	A13050	CF	Knee brace - Rigid ACL brace	ea	11576.00
K0070	A13070	S	Knee guard - elastic	ea	191.00
KO0B0	A13080	SF	Knee immobilizer post-op	ea	1223.00
K0090	A13090	SF	Knee sleeve neoprene local	ea	261.00
K0100	A13100	CF	Post - op ROM brace - local	ea	1778.00
K0120	A13120	CM	Post-op ROM brace - custom made	ea	4165.00
K0121	A13121	CM	Post-op knee extention lock	ea	2123.00
K0130	A13130	CF	Swedish Knee cage	ea	2869.00
K0140	A13140	CF	Swedish Knee cage - hinged	ea	4582.00
<b>LO</b>					
<b>LEG ORTHOSIS</b>					
LO005	A14005	CM	Bi-valved full length moulded leg brace	ea	4775.00
L0010	A14010	CM	Caliper full length with knee hinges and spurs	ea	8492.00
L0020	A14020	CM	Caliper full length with knee hinges ankle joints and footplates	ea	10968.00
L0030	A14030	CM	Caliper - AK straight	ea	3439.00
L0040	A14040	CM	Caliper - AK straight for Perthes disease	ea	46B9.00
L0050	A14050	CM	Caliper - weight bearing with knee joints	ea	9099.00
L0060	A14060	CM	Fracture brace AK moulded plastic	ea	4053.00
L0070	A14070	CM	Fracture brace AK moulded plastic with knee joints	ea	7196.00
LO0B0	A14080	CM	Fracture brace AK plus HIP spica	ea	5964.00
L0101	A14101	CM	T.H.R. Hip brace with hip controll joint - imported	ea	9246.00
L0125	A14125	CM	Posterior leg splint - moulded	ea	3556.00
L0140	A14140	S	Thigh sleeve - neoprene	ea	261.00
L0151	A14151	S	Thermal pants	ea	553.00
			Orthotic repairs	unit	
L0170	A14170	CM	Replace calf/thigh band	ea	608.00
L0180	A14180	CM	Knee cap square	ea	635.00
L0190	A14190	CM	Knee cap long (KK)	ea	816.00
L0195	A14195	CM	Orthotic repairs - (specify)	units	211.00
<b>CO</b>					
<b>CERVICAL ORTHOSIS</b>					
C0010	A15010	CF	ABCO (Conradie brace)	ea	4018.00
C0015	A15015	CF	Custom moulded Plastic collar	ea	2770.00
C0020	A15020	CF	Custom moulded Plastozote collar	ea	982.00
C0030	A15030	CF	Executive cervical collar	ea	1164.00
C0040	A15040	CF	Four poster brace	ea	3170.00
C0050	A15050	CF	Halo brace and hardware without ring or pins	ea	12322.00
C0060	A15060	CF	Halo brace complete (invasive or non-invasive)	ea	21697.00
C0068	A15068	CF	MiamiJ	ea	1194.00
C0069	A15069	CF	Neck Lock	ea	70000
C0070	A15070	CF	Plastic collar with chin piece	ea	638.00
C0080	A15080	CF	Plastic collar without chinpiece	ea	524.00
C0083	A15083	CF	Philidalphia collar	ea	756.00
C0090	A15090	CF	Poly pad cervical collar	ea	599.00

Item	Code		Description		COID 2007
C0091	A15091	CF	Poly and occipital pad	ea	697.00
C0100	A15100	CF	Soft collar	ea	71.00
C0101	A15101	CF	Soft collar - extra	ea	174.00
C0102	A15102	CF	Soft collar - firm	ea	293.00
C0110	A15110	CF	S.O.M.I. brace	ea	1337.00
C0130	A15130	CF	Scull cap	ea	1907.00
SO SPINAL ORTHOSIS					
S0005	A16005	CF	Abdominal binder - elastic 12"	ea	404.00
S0010	A16010	CF	Abdominal binder - elastic 10"	ea	355.00
S0020	A16020	CF	Abdominal binder - elastic 8"	ea	317.00
S0030	A16030	CF	Abdominal binder - 6"	ea	280.00
S0040	A16040	CF	Abdominal corset - female	ea	931.00
S0050	A16050	CF	Abdominal corset - male	ea	931.00
S0070	A16070	CF	Hyper-entention (CASH) orthosis	ea	2502.00
S0075	A16075	CF	Hyper-entention (JEWETS) orthosis	ea	4018.00
S0080	A16080	CF	Lumbo Sacral Orthosis - Chairback brace	ea	2304.00
S0090	A16090	CM	Lumbo Sacral Orthosis - Bennett's Brace	ea	3070.00
S0100	A16100	CM	Lumbo-sacral Orthosis - Pantaloons brace	ea	4718.00
S0110	A16110	CM	Lumbo sacral Orthosis - post-op bivalve	ea	5447.00
S0120	A16120	CF	Lumbo-dorsal corset - female	ea	1125.00
S0140	A16140	CF	Lumbo-dorsal corset - male	ea	1036.00
S0160	A16160	CF	Lumbo-sacral corset - elastic pullwrap	ea	803.00
S0161	A16161	CF	Lumbo-sacral corset - neopren pull wrap	ea	609.00
S0162	A16162	CF	Lumbo-sacral corset - elastic velcro	ea	638.00
S0170	A16170	CF	Lumbo-sacral corset - elastic X-strap	ea	638.00
S0180	A16180	CF	Lumbo-sacral corset- female 11"	ea	960.00
S0200	A16200	CF	Lumbo-sacral corset - female 9"	ea	903.00
S0230	A16230	CF	Lumbo-sacral corset - male	ea	903.00
S0250	A16250	CM	Thoraco Lumbar Sacral Orthosis - post op	ea	5089.00
S0260	A16260	CM	Thoraco Lumbar Sacral Orthosis - post op bivalve	ea	6194.00
S0270	A16270	CF	Thoraco Lumbar Sacral Orthosis - Taylor's brace	ea	1718.00
S0271	A16271	CM	Taylor's brace custom moulded	ea	3997.00
S0280	A16280	CM	Taylor's extension to corset	ea	695.00
S0290	A16290	CF	Sacro Iliac belt	ea	609.00
AO ARM ORTHOSIS					
A0010	A17010	CM	Arm abduction splint - custom made	ea	4387.00
A0030	A17030	S	Arm immobiliser sling	ea	174.00
A0040	A17040	S	Clavicle brace	ea	174.00
A0050	A17050	S	Collar and Cuff	ea	29.00
A0060	A17060	CM	Elbow splint - moulded, rigid	ea	2251.00
A0070	AH070	CM	Elbow splint- moulded, with free joints	ea	3879.00
A0080	A17080	CM	Elbow splint- moulded, with locking joints	ea	4872.00
A0090	A17090	CM	Fracture brace - Humerus	ea	1588.00
A0100	A17100	CM	Fracture brace - Radius, ulna	ea	1588.00
A0105	A17105	SF	Tennis elbow - single pad	ea	216.00
A0110	A17110	SF	Tennis elbow - single pad pneumatic	ea	260.00
A0120	A17120	SF	Tennis elbow - double pad	ea	408.00
HO HAND ORTHOSIS					
H0010	A18010	SF	Carpo-metacarpo immobilizer strap	ea	368.00
H0020	A18020	CM	Carpo-metacarpo immobilizer - moulded	ea	432.00
H0030	A18030	SF	Finger splint - PIP extension	ea	525.00
H0040	A18040	SF	Finger splint - PIP flexion	ea	525.00

<u>Item</u>	<u>Code</u>		<u>Description</u>		<u>COID 2007</u>
H0050	A18050	S	Finger stall- leather	ea	49.00
H0060	A18060	CM	Hand splint - Post-op mobilizer	ea	1214.00
H0070	A18070	CM	Hand splint - moulded resting splint	ea	752.00
H0080	A18080	CM	Hand splint - moulded - finger flexion/extension	ea	4407.00
H0090	A18090	CM	Hand splint- Combination finger ext , MP ext, wrist ext	ea	1221.00
H0100	A18100	CM	Hand splint - Combination finger ext , MP flex, Wrist ext	ea	1221.00
H0110	A18110	CF	Hand splint- finger and MP flexion	ea	1107.00
H0120	A18120	CF	Hand splint - MP extention	ea	929.00
H0130	A18130	CF	Hand splint - MP flexion	ea	929.00
H0140	A18140	SF	Mallet finger splint	ea	183.00
H0150	A18150	SF	Thumb wrap	ea	229.00
H0151	A18151	SF	Thumb support	ea	322.00
H0152	A18152	CM	Thumb abduction splint	ea	697.00
H0160	A18160	CF	Wrist brace - elastic with volar splint	ea	332.00
H0165	A18165	CF	Wrist brace - reinforced leatherette with volar splint	ea	401.00
H0170	A18170	CF	Wrist brace- neoprene with volar splint	ea	495.00
H0180	A18180	CM	Wrist brace - moulded leather	ea	2193.00
H0190	A18190	CM	Wrist brace- moulded plastic	ea	2075.00
H0200	A18200	S	Wrist guard- elastic	ea	160.00
H0210	A18210	CF	Wrist splint- dynamic extention	ea	525.00
CU			CUSHIONS		
CU010	A90010		J2 CUSHION 18X16	ea	6000.00
CU020	A90011		J2 CUSHION 18X18	ea	6000.00
CU030	A90012		J2 CUSHION 15.5X16	ea	6000.00
CU035	A90013		J2 CUSHION 15.5X18	ea	6000.00
CU040	A90014		J2 CUSHION 14X16	ea	6000.00
CU050	A90015		J2 CUSHION 20X16	ea	6438.00
CU051	A90016		J2 CUSHION 20X18	ea	6438.00
CU052	A90017		J2 CUSHION COVER 18X16	ea	625.00
CU053	A90018		J2 CUSHION COVER 18X18	ea	625.00
CU054	A90019		J2 CUSHION COVER 15.5X16	ea	625.00
CU055	A90020		J2 CUSHION COVER 15.5X18	ea	625.00
CU056	A90021		J2 CUSHION COVER 14X16	ea	625.00
CU057	A90022		JAY 2 ABDUCTOR WEDGES (PR)	ea	500.00
CU058	A90023		RIPPLE MATIRESS, MATIRESS ONLY	ea	500.00
CU059	A90024		SEPARATE TUBE MATIRESS ONLY	ea	2625.00
CU060	A90025		MATIRESS PUMP FOR RIPPLE	ea	1000.00
CU061	A90026		MATIRESS PUMP FOR ADV TUBE	ea	1000.00
CU010	M0010	S	Abduction pillow	ea	Delete
CU020	M0020	S	Cervical cushion	ea	Delete
CU030	A40030	S	Coccyx cushion	ea	Delete
CU035	A40035	S	Leg elevation cushion	ea	Delete
CU040	A40040	S	Lumbar roll cushion	ea	Delete
CU050	A40050	S	Lumbar support cusbron- local	ea	Delete
CU060	A40060	S	Paraplegic cushion> foam	ea	Delete
CU070	A40070	S	Paraplegic cushion - gel	ea	Delete
CU075	M0075	CM	Wheelchair insert - custom made	ea	Delete
CU080	A40080	S	Ring cushion - Foam	ea	Delete
CU100	A40100	S	Ring cushion - Inflatable	ea	Delete
GC			GRADUATED COMPRESSION HOSE		
GC010	A50010	SF	Anti embolic stocking thigh high with waistbelt	pr	617.00
GC020	A50020	SF	Anti-embolic stocking calf length	pr	436.00
GC030	A50030	SF	Anti-embolic stocking thigh length	pr	583.00





<u>Item</u>	<u>Code</u>		<u>Description</u>		<u>COID 2007</u>
WA040	A71040	S	Gutter crutch	ea	525.00
WA060	A71060	S	Walking frame • folding	ea	461.00
WA080	A71080	S	Walking frame- with wheels	ea	710.00
WA090	A71090	S	Walking stick - adjustable	ea	168.00
WA120	A71120	S	Ferrule - local	ea	9.00
WA140	A71140	S	Tripod walking stick	ea	310.00
WC			WHEELCHAIRS		
WC010	A80100	SF	PACER LITE W/CHAIR, 14", BLACK	ea	6188.00
WC020	A80101	SF	PACER LITE W/CHAIR, 16", BLUE	ea	6188.00
WC030	A80102	SF	PACER LITE WfCHAIR, 16", BLACK	ea	6188.00
WC050	A80103	SF	PACER LITE WfCHAIR, 16", RED	ea	6188.00
WC051	A80104	SF	PACER LITE WfCHAIR, 17", BLACK	ea	6188.00
WC052	A80105	SF	PACER LITE WfCHAIR, 18", BLUE	ea	6188.00
WC053	A80106	SF	PACER LITE WfCHAIR, 18", BLACK	ea	6188.00
WC054	A80107	SF	PACER LITE WfCHAIR, 18", RED	ea	6188.00
WC055	A80108	SF	Motorised wheelchair with battery included	ea	40800.00
			Other assistive devices		
AD009	A80109	SF	20" WHEELCHAIR TRAY	ea	300.00
AD010	A80110	SF	14" WHEELCHAIR TRAY	ea	300.00
AD011	A80111	SF	14" ELECTRIC TRAY	ea	300.00
AD012	A80112	SF	16" WHEELCHAIR TRAY	ea	300.00
AD013	A80113	SF	18" WHEELCHAIR TRAY STANDARD	ea	300.00
AD014	A80114	SF	18" WHEELCHAIR TRAY FOR POWER	ea	300.00
AD015	A80115	S	OVERBED TABLE	ea	531.00
AD016	A80116	S	TRANSFER BOARD	ea	225.00
AD017	A80117	S	WHEELCHAIR GLOVE, PAIR	ea	125.00
AD018	A80118	S	EASY REACH (MEDIUM LENGTH 26")	ea	94.00
AD019	A80119	S	EASY REACH (LONG LENGTH 32")	ea	100.00
AD020	A80120	CF	WHEELCHAIR RAMPS 214 X 20	ea	3125.00

Important: Prosthesis fees EXCLUDE the following components-

1. Foot
2. Ankle unit
3. Knee
4. Suspension

The appropriate component must be selected from the list and charged as a separate item

Lower limb prosthetics:

CAT 1 and CAT 2 are fabricated with glass/perlon reinforced acrylic resin and stainless steel

CAT 3 is fabricated with carbon reinforced epoxy resin and Titanium or composite components

#### Prosthetics

<u>Item</u>	<u>Code</u>	<u>Category</u>	<u>Description</u>	2007	<u>COLD</u>
FOOT PROSTHETICS					
FP010	A20010		Toe filler	ea	1346.00
FP020	A20020		Fore-fool prosthesis • moulded leather or similar	ea	1966.00
FP030	A20030	1	Mid-foot prosthesis Cat 1 - moulded leather or similar	ea	2502.00
FP031	A20031	2	Mid-foot prosthesis Cat 2 - laminated SACH type foot	ea	6749.00
FP035	A20035	3	Mid-foot prosthesis Cat 3 - laminated CRA + energy foot	ea	24031.00
FP040	A20040	1,2	Chopart prosthesis - Cal 1/2	ea	14010.00
FP050	A20050	1,2	O'Connors extension Cat 1/2	ea	13535.00
FP070	A20070	1,2	Symes prosthesis - CAT 1&2	ea	14391.00
FP061	A20061	3	Symes prosthesis - CAT 3	ea	16960.00
FP090	A20090		Symes test socket - diagnostic	ea	2613.00
BK			BELOW KNEE PROSTHESIS		
BK030	A20530	1,2	BK exoskeletal CAT 1&2	ea	13745.00
BK061	A20561	1,2	BK endoskeletal CAT 1&2	ea	19466.00
BK090	A20590	3	BK endoskeletal CAT 3	ea	21992.00
Additions to Below knee prosthesis					
BK134	A20634		BK flexible inner socket	ea	2323.00
BK140	A20640		BK test socket - diagnostic	ea	2156.00
BK145	A20645		BK skin cosmesis	ea	2911.00
BK accessories and repairs					
BK190	A20690		BK cosmetic foam replaced	ea	3628.00
BK191	A20691		BK cosmetic stocking	ea	153.00
BK195	A20695		BK leather lining	ea	937.00
BK196	A20696		BK pellte socket lining	ea	1496.00
BK210	A20710		BK Joint covers	pr	249.00
TK			THROUGH KNEE PROSTHESIS		

<u>Item</u>	<u>Code</u>	<u>Category</u>	<u>Description</u>	<u>2007 COID</u>
TK010	A21010		TK exoskeletal CAT 1&2	ea 31091.00
TK030	A21030		TK endoskeletal CAT 1&2	ea 37446.00
TK040	A21040		TK endoskeletal CAT 3	ea 42563.00
TK075	A21075		TK test socket - diagnostic	ea 2878.00
AK			ABOVE KNEE PROSTHESIS	
AK040	A21540	1,2	AK prosthesis - exoskeletal CAT 1&2	ea 24257.00
AK060	A21560	1,2	AK prosthesis - endoskeletal CAT 1&2	ea 36547.00
AK080	A21580	3	AK prosthesis endoskeletal CAT 3	ea 39780.00
AK120	A21620		AK test socket - diagnostic	ea 2439.00
			Additions and repairs to AK prosthesis	
AK716	A21716		AK - Cosmetic cover - replaced	ea 4514.00
AK720	A21720		AK - cosmetic stocking	ea 227.00
AK724	A21724		AK - flexible inner socket	ea 4477.00
AK724	A21725		AK - laminate shin CRA	ea 2507.00
AK732	A21732		AK - laminate thigh CRA	ea 3198.00
AK740	A21740		AK - socket lined with leather	ea 1093.00
AK800	A21800		AK - prosthetic skin	ea 2911.00
HD			HIP DISARTICULATION PROSTHESIS	
HD030	A22030	1,2	HD prosthesis endoskeletal CAT 1&2	ea 63066.00
			PROSTHETIC COMPONENTS AND ACCESSORIES	
			Prosthetic ankles	
LAOo0	A22500		Ankle - Cat 1/2 single axis - with block	ea 3472.00
LAo01	A22501		Ankle - Cat 1/2 single axis - without block	ea 2080.00
LAo02	A22502		Ankle - Cat 1/2 single axis - modular steel	ea 2049.00
LAo03	A22503		Ankle - Cat 3 single axis - modular titanium	ea 3597.00
LAo04	A22504		Ankle - Cat 1/2 multi axis - with block	ea 3531.00
LAo05	A22505		Ankle - Cat 1/2 multi axis - without block	ea 2396.00
LAo06	A22506		Ankle - Cat 1/2 multi axis - modular steel	ea 4478.00
LAo07	A22507		Ankle - Cat 3 multi axis - modular TI or composite	ea 5300.00
LA008	A22508		Ankle - Cat 1/2 SACH wooden block	ea 599.00
LA009	A22509		Ankle - Cat 2 SACH modular steel	ea 1100.00
LA010	A22510		Ankle - Cat 3 SACH modular titanium	ea 1889.00
LA011	A22511		Ankle - Cat 1 SACH modular aluminium	ea 1767.00
PF			Prosthetic feet	
LA 092		2	<i>Foot- Single axis with adapter</i>	
	A22592/1		Foot - Cat 1 - with ankle Single axis Teh Lin TAJP1	1758.00
LA090		1,2	<i>Foot» Single axis without ankle adapter</i>	
	A22590/1		Foot - Cat 1/2 - w/o ankle Single axis OB	ea 2433.00
	A22590/2		Foot - Cat 1/2 - w/o ankle SACH - SINGLE AXIS OWW	ea 2696.00
	A22590/3		Foot - Cat 1/2 - w/o ankle Single axis Teh Lin TFF02H	1758.00
	A22590/4		Foot - Cat 1 - w/o ankle Light duty OB 1G9	2020.00
LA091		1,2	<i>Foot- multi-axis without ankle adapter</i>	

<u>Item</u>	<u>Code</u>	<u>Category</u>	<u>Description</u>	<u>2007 COID</u>
	A22591		Foot - Cat 1/2 - w/o ankle Greisinger OB	ea 2478.00
LA100		1,2	<i>Foot- SACH without ankle adapter</i>	
	A22600/1		Foot - Cat 1/2 - w/o ankle SACH OB	ea 1873.00
	A22600/2		Foot - Cat 1/2 - w/o ankle SACH - OWW	ea 2144.00
	A22600/3		Foot - Cat 1/2 - w/o ankle SACH - Kingsly	ea 1052.00
LA110		3	<i>Foot- Dynamic without ankle adapter</i>	
	A2261011		Foot - Cat 3 - w/o ankle Dynamic 1D10 OB	ea 3692.00
	A22610/2		Foot- Cat 3 - w/o ankle Seattle carbon	ea 8959.00
	A22610/3		Foot - Cat 3 - w/o ankle CC2 LIGHT OWW	ea 7509.00
	A22610/4		Foot - Cat 3 - w/o ankle CCII OWW	ea 8661.00
	A22610/5		Foot - Cat 3 - w/o ankle Energizer USMC	ea 5489.00
	A22610/6		Foot - Cat 3 - w/o ankle Seattle Lifecast	ea 8959.00
LA111		3	<i>Foot- Dynamic with pyramid adapter</i>	
	A22611/1		Foot - Cat 3 - with ankle Dynamic PRO 1D25 OB	ea 7432.00
	A22611/2		Foot - Cat 3 - with ankle SACH - Enhanced OWW	ea 3910.00
LA160		<b>3</b>	<i>Poot- Multi axis dynamic without adapter</i>	
	A2266011		Foot - Cat 3 - w/o ankle Endolite multi flex	ea 5775.00
	A22660/2		Foot - Cat 3 - w/o ankle Quantum	ea 5300.00
LA116		3	<i>Foot - Multi-axis dynamic with pyramid adapter</i>	
	A2261611		Foot - Cat 3 - with ankle SACH - Multi axis 1M1	ea 6735.00
	A2261612		Foot - Cat 3 - with ankle Endolite Dynamic Response	ea 8582.00
	A2261613		Foot - Cat 3 - with ankle Flexfoot SURE-FLEX III	ea 12853.00
	A22616/4		Foot - Cat 3 - with ankle CC HP OWW	ea 3910.00
	A22616/5		Foot - Cat 3 - with ankle Single axis Teh Lin TGAPM orTGAOM	ea 7116.00
LA115		3	<i>Foot-Symes</i>	
	A22615/1		Foot - SYMES OB Pigoroff	ea 4396.00
	A2261512		Foot - Kingsley Symes	ea 2434.00
PK			Prosthetic knees	
LA179		1,2	<i>Exoskeletal knee hinge BK</i>	
	A2267911		Knee - Cat 112 OB - BK joint 7U25	pr 4863.00
LA178		1,2	<i>Exoskeletal knee hinge TK</i>	
	A2267811		Knee - Cat 1/2 OB - TK joint7G3	pr 5330.00
LA180		1	<i>Knee - exoskeletal knee single axis with manual lock</i>	
	A22680/1		Knee - Cat 1 OB - single axis 3P4	ea 6791.00
LA181		2	<i>Knee - exoskeletal single axis</i>	
	A2268111		Knee - Cat 2 OB 3PI	ea 5175.00
LA182		2	<i>Knee - exoskeletal knee multi axis friction</i>	
	A2268211		Knee - Cat 2 OB swing phase control 3P23	ea 7559.00
LA209		1	<i>Knee - endoskeletal single axis with manual lock</i>	

<u>Item</u>	<u>Code</u>	<u>Category</u>	<u>Description</u>	<u>2007 CQID</u>
	A2271011		Knee - Cat 1 OB 3R40	3881.00
LA183	A2268311	1	<i>Knee single axis safety sis stance phase control</i> Knee - Cat 1 OB - safety 3R15	ea 6054.00
LA185	A2270111	2	<i>Knee multi axis steel mod S&amp;SPC</i> Knee - Cat 2 OB - Habermann 3R20 sis	ea 8901.00
LA186	A2270211	2	<i>Knee multi axis safety Ti or carbon mod S&amp;SPC</i> Knee - Cat 2 O8 - Habermann 3R36 titanium	ea 16021.00
LA191	A2269111	3	<i>Multi axis knee with Ti or carbon with pneumatic/hydraulic swing phase control</i> Knee - Cat 3 O8 3R70	ea 32042.00
LA189	A2268911 A2268912	3	<i>Knee single axis Ti with hydraulic swing phase control</i> Knee - Cat 3 O8 - single axis Ti, hydraulic 3R45 Knee - Cat 3 TEH LIN hydraulic TGK 1HI00 or 100S	ea 25810.00 ea 32397.00
LA209	A2270911 A2270912	3	<i>Knee multi axis stance flex, swing phase control</i> Knee - Cat 3 TOTAL - 7axis Polymer Friction Knee - Cat 3 OWW GEOFLEX	ea 33018.00 ea 29370.00
LA207	A2270711	3	<i>Knee multi axis stance flex hydraulic swing phase control</i> Knee - Cat 3 O8 - 3R55	32689.00
LA200	A2270011	3	<i>Knee single axis Ti or carbon with hydraulic S&amp;SPC</i> Knee - Cat 3 O8 • 3R80 - Hydraulic	ea 41831.00
<u>Knees for TK prosthesis</u>				
LA186	A22686/1	1	<i>Knee four bar manual lock sis</i> Knee - Cat 1 O8 - 4bar-linkage manual lock 3R23	ea 15842.00
LA185	A22685/1 A22685/2 A22685/3	2	<i>Knee four barsis</i> Knee - Cat 2 O8 - 4bar-linkage 3R21 Knee - Cat 2 Teh LIN four bar TK4010 Knee - Cat 2 Teh LIN four bar TK4000S	ea 13351.00 13906.00 10512.00
LA188	A22688/1	3	<i>Knee four bar Ti or carbon, hydraulic or pneumatic SPC</i> Knee - Cat 3 O8 - 4bar-linkage Ti, hydraulic 3R46	ea 33821.00

<u>Item</u>	<u>Code</u>	<u>Category</u>	<u>Description</u>		<u>2007 COID</u>
GPA		General Prosthetic Accessories			
LA230	A22730		Patella buttons replaced	ea	132.00
LA235	A22735		Re-alignment (dynamic)of AKITK modular prosthesis	ea	600.00
LA236	A22736		Re-alignment (dynamic)of BK modular prosthesis	ea	568.00
LA440	A22940		Stump care - Cleani-stump	box	564.00
LA450	A22950		Stump care - Amput aid	tube	113.00
LA460	A22960		Stump care - Talc	tin	153.00
LA461	A22961		Stump/skin lotion	ea	265.00
LA462	A22962		Stump lubricant	ea	234.00
LA463	A22963		Stump cleaner	ea	271.00
LA464	A22964		Stump moisturiser	ea	271.00
LA465	A22965		Stump ointment	ea	335.00
LA470	A22970		Stump care - Balm	tin	271.00
LA480	A22980		Stump coning bandage 6cm	ea	221.00
LA481	A22981		Stump coning bandage scm	ea	279.00
LA482	A22982		Stump coning bandage 10cm	ea	374.00
LA490	A22990		Stump coning bandage 15cm	ea	408.00
LA510	A23010		Suction valve OB standard	ea	457.00
LA520	A23020		Suction valve OB total contact	ea	836.00
LA530	A23030		Suction Valve Green dot standard	ea	902.00
LA540	A23040		Suction valve Green dot total contact	ea	902.00
PH		PARTIAL HAND PROSTHESIS			
PH020	A30020		Partial hand prosthesis - functional	ea	18655.00
PH030	A30030		Partial hand - opposition post	ea	9200.00
		Repairs			
PH050	A30050		Partial hand - new silicone socket	ea	4213.00
PH060	A30060		Partial hand - cosmetic glove replaced	ea	3172.00
WD		WRIST DISARTICULATION PROSTHESIS			
WD020	A30520		Wrist disarticulation - functional	ea	33876.00
BE		BELOW ELBOW PROSTHESIS			
		Below elbow prosthesis - functional hand & cosmetic cover			
BE020	A31020			ea	33876.00
BE040	A31040		BE test socket - diagnostic	ea	1440.00
ED		ELBOW DISARTICULATION PROSTHESIS			
		Elbow disarticulation prosthesis - functional hand and cosmetic cover			
ED020	A31520			ea	49847.00
ED030	A31530		ED test socket - diagnostic	ea	1440.00
		ABOVE ELBOW PROSTHESIS			
		Above elbow prosthesis - passive hand & cosmetic cover			
AE010	A32010			ea	30089.00
		Above elbow prosthesis - functional hand & cosmetic cover			
AE020	A32020			ea	39769.00
AE040	A32040		AE test socket - diagnostic	ea	1440.00
		Additional charges			

<u>Item</u>	<u>Code</u>	<u>Category</u>	<u>Description</u>	<u>2007 COID</u>
AE060	A32060		Automatic locking elbow 12K4	ea 14006.00
AE065	A32065		Elbow Joint with cable lock	ea 9827.00
AE067	A32067		Step-up joints for short BE or TE	ea 11055.00

## Notes

Manual locking elbows 12K5 are supplied as standard. Prosthetist may supply an automatic elbow on request and adjust the fee accordingly

The cost of the standard elbow must be deducted and the automatic elbow added.

Prosthetic hooks are not included with upper extremity prosthesis as standard

## SO

## SHOULDER DISARTICULATION PROSTHESIS

SD010	A32510		Shoulder disarticulation prosthesis - passive hand & cosmetic cover	ea 41662.00
SD020	A32520		Shoulder disarticulation - functional hand & cosmetic cover	ea 51341.00

## AA

## ACCESSORIES

AA010	A33010		Cable-AE	ea 1442.00
AA020	A33020		Cable- BE	ea 1442.00
AA030	A33030		Corset - BE	ea 1314.00
AA040	A33040		Passive hand	ea 5238.00
AA050	A33050		Felt hand	ea 6182.00
AA060	A33060		Functional hand	ea 7761.00
AA070	A33070		Harness - AE	ea 1318.00
AA080	A33080		Harness - BE	ea 1318.00
AA090	A33090		Hook elastics	ea 35.00
AA100	A33100		Prosthetic glove - cosmetic	ea 3147.00
AA110	A33110		Prosthetic glove - leather	ea 658.00
AA120	A33120		Prosthetic hook - aluminium	ea 9026.00
AA130	A33130		Prosthetic hook - steel	ea 11549.00
AA160	A33160		Wrist insert	ea 849.00
AA165	A33165		Wrist Unit	ea 3302.00
AA170	A33170		Manual locking elbow 12K5	ea 5098.00

## SS

## PROSTHETIC SOCKS

5S010	A35010		5tump sock - BK local	ea 236.00
5S020	A35020		Stump sock - AK local	ea 264.00
5S030	A35030		Stump sock - Arm local	ea 170.00
5S040	A35040		Stump sock - Symes local	ea 438.00
5S090	A35090		Prosthetic sheath - imported	ea 265.00
S5093	A35093		Prosthetic sheath with hole for pin - local	ea 60.00
5S110	A35110		Fix Prosthesis - European (Daw)	ea 629.00
5S120	A35120		Fix Prosthesis - American (silicone suspension liner)	ea 310.00
5S130	A35130		Stump Shrinker B/K	ea 714.00
SS140	A35140		5tump Shrinker AIK	ea 949.00

## SUSPENSION SYSTEMS,LINERS AND LOCK5

<u>Item</u>	<u>Code</u>	<u>Category</u>	<u>Description</u>	<u>2007 COID</u>
AK150	A21650		AK - hip-joint and pelvic band to prosthesis	ea 5696.00
AK700	A21700		AK - shoulder belt	ea 785.00
AK701	A21701		AK - silesion belt	ea 719.00
AK704	A21704		AK - silesion strap	ea 218.00
AK708	A21708		AK - waist belt	ea 756.00
AK712	A21712		AK - neoprene suspension belt	ea 1988.00
BK132	A20632		BK joints and thigh corset	ea 9749.00
BK133	A20633		Bk joints and weightbearing corset	ea 10942.00
BK192	A20692		BK back check strap	ea 436.00
BK193	A20693		BK backlit!	ea 452.00
BK194	A20694		BK crutch strap	ea 488.00
BK197	A20697		BK ptb strap	ea 845.00
BK200	A20700		BK thigh corset	ea 2343.00
BK201	A20701		BK waistbeltleather	ea 907.00
BK202	A20702		BK waistbelt webbing	ea 594.00
SI600	A36600		Silicone sleeve - custom made (sleeve only)	ea 8666.00
SI605	A36605		Silicon sleeve suspension system - custom (in addition to cost of prosthesis)	ea 15386.00
SI610	A36610		Silicone sleeve suspension system(in addition to cost to prosthesis)	ea 13373.00
SI620	A36620		Silicone suspension sleeve with pin attachment	ea 7104.00
SI622	A36622		Silicone suspension sleeve (COMFORT) with pin attachment	ea 7438.00
SI625	A36625		Silicon sleeve without pin attachment	ea 5870.00
SI626	A36626		Silicon sleeve (COMFORT) without pin attachment	ea 5870.00
SI630	A36630		Silicone thigh sleeve	ea 5208.00
SI640	A36640		Silicone distal end pad	ea 5208.00
SI650	A36650		Shuttle lock only	ea 4852.00
SI651	A36651		Fit shuttle lock fitted to prosthesis (excllock)	ea 1822.00
SI660	A36660		Plunger pin for shuttle lock	ea 350.00
SI670	A36670		Flex-seal system to prosthesis	ea 7552.00
SI675	A36675		Flex-seal	ea 6523.00
SI680	A36680		PU sleeve with lockin9 pin attachment (set of two)	set '19922.00
SI685	A36685		PU sleeve without locking pin attachment (set of two)	set '16178.00